

**Request for Approval under the “DOI Generic Clearance for the Collection of
Qualitative Feedback on Agency Service Delivery”
(OMB Control Number: 1090-0011)**

TITLE OF INFORMATION COLLECTION:

Bureau of Land Management – Wild Horse and Burro Program

PURPOSE:

To obtain measurable data to assist the BLM’s Wild Horse and Burro Program in evaluating the best locations, times, and animal types for events that will help increase the number of animals placed into private care. Also, to evaluate the specific types of marketing and outreach that can be attributed to the number attending the events.

DESCRIPTION OF RESPONDENTS:

1. People that attend an event involving the presentation of BLM Wild Horses and Burros for placement into private care and want to adopt or purchase an animal for the first time.
2. People that attend an event involving the presentation of BLM Wild Horses and Burros for placement into private care and have adopted or purchased an animal in the past.
3. People that attend an event involving the presentation of BLM Wild Horses and Burros for placement into private care and are interested in adopting or purchasing an animal but did not adopt or purchase an animal at the event.
4. People that attend an event involving the presentation of BLM Wild Horses and Burros for placement into private care and want to learn more about the program and view the animals for future consideration.
5. People that attend an event involving the presentation of BLM Wild Horses and Burros for placement into private care and want to learn more about the program and view the animals to better understand the program’s challenges.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have

experience with the program or may have experience with the program in the future.

Name: Deborah A. Collins

To assist review, please provide answers to the following questions:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	11,000	1:00 minute	183.33
Totals	11,000	11,000 minutes	183.33

(Weighted Average Cost to the government is \$39.09)

FEDERAL COST: The estimated annual cost to the Federal government is \$7,166.37

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan). If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them.

We will attempt to gather the data in two ways:

1. Depending on the size of the venue, a designated area(s) will be established inviting respondents to voluntarily complete the card to assist the BLM in improving the program. The respondent will place the completed card inside a secured box.
2. At the BLM application table, applicants will be told they can voluntarily complete the card to assist the BLM in improving the program. The applicant will place the completed card inside a secured box.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g., Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g., fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time in minutes and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.